

10/31/01
U.S. PTO

12-05-01

PTO/SB/05 (08-00)

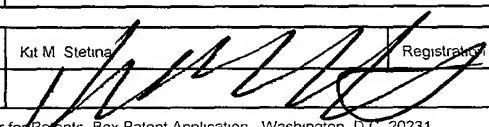
Please type a plus sign (+) inside this box → Approved for use through 10/31/2002 OMB 0651-0032
Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No	BRNET-001C
		First Inventor	Thomas C Amon
		Title	AN IMPROVED APPARATUS AND METHOD FOR
		Express Mail Label No	EV 015374865 US

(Only for new nonprovisional applications under 37 CFR 1.52(b))

10/31/01
10/001761
A

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB17)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 18] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) 37 CFR 3.73(b) -Detailed Description -Claim(s) -Abstract of the Disclosure Copies of IDS Citations</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or C-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27 (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies a computer program listing appendix</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other _____</p>		
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part of prior application No. 08 / 912,991 Prior application information Examiner _____ Group/Art. Unit _____ For CONTINUATION OR DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts</p>				
18. CORRESPONDENCE ADDRESS				
Customer Number or Bar Code Label <u>007663</u> or Customer address below				
Name	Kit M. Stetina, STETINA BRUNDA GARRED & BRUCKER			
Address	75 Enterprise, Suite 250			
City	Aliso Viejo	State	California	Zip Code 92656
Country	United States			
Name (Print/Type)	Kit M. Stetina	Registration No. (Attorney/Agent)	29,445	
Signature	 10/31/01			

† SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

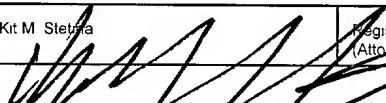
FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$538 00)		Complete if Known	
		Application Number	Unknown
		Filing Date	Herewith
		First Named Inventor	Thomas C Amon
		Examiner Name	
		Group Art Unit	
Attorney Docket No.	BRNET-001C		

METHOD OF PAYMENT				FEES CALCULATION (continued)																																																																																																																											
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account Number <u>19-4330</u> Deposit Account Name <u>Stetina Brunda</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$ <u>0</u></td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	920	217	460	118	1,440	218	720	128	1,960	228	980	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,240	241	620	142	1,240	242	620	143	440	243	220	144	600	244	300	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	710	246	355	149	710	249	355	179	710	279	355	169	900	169	900	* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$ <u>0</u>			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																												
105	130	205	65																																																																																																																												
127	50	227	25																																																																																																																												
139	130	139	130																																																																																																																												
147	2,520	147	2,520																																																																																																																												
112	920*	112	920*																																																																																																																												
113	1,840*	113	1,840*																																																																																																																												
115	110	215	55																																																																																																																												
116	400	216	200																																																																																																																												
117	920	217	460																																																																																																																												
118	1,440	218	720																																																																																																																												
128	1,960	228	980																																																																																																																												
119	310	219	155																																																																																																																												
120	310	220	155																																																																																																																												
121	270	221	135																																																																																																																												
138	1,510	138	1,510																																																																																																																												
140	110	240	55																																																																																																																												
141	1,240	241	620																																																																																																																												
142	1,240	242	620																																																																																																																												
143	440	243	220																																																																																																																												
144	600	244	300																																																																																																																												
122	130	122	130																																																																																																																												
123	50	123	50																																																																																																																												
126	180	126	180																																																																																																																												
581	40	581	40																																																																																																																												
146	710	246	355																																																																																																																												
149	710	249	355																																																																																																																												
179	710	279	355																																																																																																																												
169	900	169	900																																																																																																																												
* Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$ <u>0</u>																																																																																																																															
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				FEES CALCULATION <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>85</td></tr> <tr><td colspan="4">SUBTOTAL (1) \$ <u>370 00</u></td></tr> <tr> <td colspan="4"> 2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims <u>11</u></td><td><u>0</u></td><td><u>0</u></td></tr> <tr><td>Independent Claims <u>7</u></td><td><u>4</u></td><td><u>168 00</u></td></tr> <tr><td>Multiple Dependent</td><td></td><td></td></tr> <tr><td colspan="3"> Large Entity Fee Code (\$) Small Entity Fee Code (\$) 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 109 80 209 40 110 18 210 9 SUBTOTAL (2) \$ <u>168 00</u> </td></tr> </tbody> </table> </td> </tr> <tr> <td colspan="4"> **or number previously paid, if greater, For Reissues, see above </td> </tr> </tbody></table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	740	201	370	106	330	206	165	107	510	207	255	108	740	208	370	114	160	214	85	SUBTOTAL (1) \$ <u>370 00</u>				2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims <u>11</u></td><td><u>0</u></td><td><u>0</u></td></tr> <tr><td>Independent Claims <u>7</u></td><td><u>4</u></td><td><u>168 00</u></td></tr> <tr><td>Multiple Dependent</td><td></td><td></td></tr> <tr><td colspan="3"> Large Entity Fee Code (\$) Small Entity Fee Code (\$) 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 109 80 209 40 110 18 210 9 SUBTOTAL (2) \$ <u>168 00</u> </td></tr> </tbody> </table>				Extra Claims	Fee from below	Fee Paid	Total Claims <u>11</u>	<u>0</u>	<u>0</u>	Independent Claims <u>7</u>	<u>4</u>	<u>168 00</u>	Multiple Dependent			Large Entity Fee Code (\$) Small Entity Fee Code (\$) 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 109 80 209 40 110 18 210 9 SUBTOTAL (2) \$ <u>168 00</u>			**or number previously paid, if greater, For Reissues, see above																																																																								
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																												
101	740	201	370																																																																																																																												
106	330	206	165																																																																																																																												
107	510	207	255																																																																																																																												
108	740	208	370																																																																																																																												
114	160	214	85																																																																																																																												
SUBTOTAL (1) \$ <u>370 00</u>																																																																																																																															
2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims <u>11</u></td><td><u>0</u></td><td><u>0</u></td></tr> <tr><td>Independent Claims <u>7</u></td><td><u>4</u></td><td><u>168 00</u></td></tr> <tr><td>Multiple Dependent</td><td></td><td></td></tr> <tr><td colspan="3"> Large Entity Fee Code (\$) Small Entity Fee Code (\$) 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 109 80 209 40 110 18 210 9 SUBTOTAL (2) \$ <u>168 00</u> </td></tr> </tbody> </table>				Extra Claims	Fee from below	Fee Paid	Total Claims <u>11</u>	<u>0</u>	<u>0</u>	Independent Claims <u>7</u>	<u>4</u>	<u>168 00</u>	Multiple Dependent			Large Entity Fee Code (\$) Small Entity Fee Code (\$) 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 109 80 209 40 110 18 210 9 SUBTOTAL (2) \$ <u>168 00</u>																																																																																																															
Extra Claims	Fee from below	Fee Paid																																																																																																																													
Total Claims <u>11</u>	<u>0</u>	<u>0</u>																																																																																																																													
Independent Claims <u>7</u>	<u>4</u>	<u>168 00</u>																																																																																																																													
Multiple Dependent																																																																																																																															
Large Entity Fee Code (\$) Small Entity Fee Code (\$) 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 109 80 209 40 110 18 210 9 SUBTOTAL (2) \$ <u>168 00</u>																																																																																																																															
**or number previously paid, if greater, For Reissues, see above																																																																																																																															

SUBMITTED BY:

Name (Print/Type)	Kit M. Stetina	Registration No (Attorney/Agent)	29,445	Telephone	(949) 855-1246
Signature				Date	October 31, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SEND TO: Assistant Commissioner for Patents, Washington, D C 20231

ATTORNEY DOCKET NO: BRNET-001C
TITLE: PROVIDER-SELECTED MESSAGE IN RESPONSE TO USER REQUEST

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No. EV 015374865 US addressed to:

Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

on Oct. 31, 2001
(Date)



Signature

Colleen Tyler

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Utility Patent Application Transmittal;
2. Fee Transmittal, in duplicate;
3. Check for \$538.00;
4. Copy of utility patent application for parent application No. 08/912,991 (18 pages);
5. Copy of drawings from parent application (2 sheets);
6. Copy of Declaration of Inventor from parent application (2 pages);
7. Copy of Assignment from parent application (1 page);
8. Return postcard.